

**L16000104122**

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
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From:  
Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN  
Account Number : I20020000140  
Phone : (561)844-3600  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BARKLEY CONSULTING, LLC**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BARKLEY CONSULTING, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Taylor L. Norris, Esq.

Name of Person

Cohen Norris Wolmer Ray Telepman Berkowitz Cohen

Firm/Company

712 U.S. Highway One, Suite 400

Address

North Palm Beach, FL 33408

City/State and Zip Code

F.FALCON2@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karin Drakas

561

844-3600

at ( )

Name of Person

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

H210004088033

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: BARKLEY CONSULTING, LLC

SECOND: The Florida Document Number of the limited liability company is: L16000104122

THIRD: The street address of the limited liability company's principal office is:  
330 CLEMATIS STREET, SUITE 217

WEST PALM BEACH, FL 33401

The mailing address of the limited liability company's principal office is:  
330 CLEMATIS STREET, SUITE 217

WEST PALM BEACH, FL 33401

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: Faye Falcone, President

b. No authority granted to: \_\_\_\_\_

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Faye Falcone, President

b. No authority granted to: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 NOV -4 PM 1:27

Faye Falcone  
Signature of authorized representative

Faye Falcone

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)